CONSULATE HEALTHCARE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

05/20/2011 14:29

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PAGE 04/19

TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		445205	B, WING		05/04	/2011
	ROVIDER OR SUPPLIER	E OF CHATTANOOGA	82	EET ADDRESS, CITY, STATE, ZIP 249 STANDIFER GAP ROAD HATTANOOGA, TN 37421	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	1D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE Y)	(X5) COMPLETION DATE
F 281	Coated) for> Bay every day" Medical record re 2011, recapulatio (Baby) 81 mg. tal tab by mouth every day" Medical record re 2011, recapitulati 81mg tablet DR froated) take 1 tal Medical record re 2011, recapitulati 81mg tablet DR froated) take 1 tal Medical record re 2011, recapitulati (Baby) 81 mg (mi Coated) for> Bay every day" Medical record re 2011, recapitulati (Baby) 81 mg (mi Coated) for> Bay every day" Medical record re 2011, recapitulati (Baby) 81 mg (mi Coated) for> Bay every day"	eview of resident #20's May on orders revealed "Aspirin EC 1 about the eview of Resident #21's May on orders revealed "Aspirin EC 1 ary day" Eview of Resident #21's May on orders revealed "Aspir-low or Bayer Aspirin EC (Enterically by mouth every day" Eview of Resident #25's May on orders revealed "Aspir-low or Bayer Aspirin EC (Enterically by mouth every day" Eview of resident #26's May on orders revealed "Aspirin alligram) tablet EC (Enterically by mouth every day" Eview of resident #27's May on orders revealed "Aspirin alligram) tablet EC (Enterically er Aspirin EC 1 tab by mouth eview of resident #28's May on orders revealed "Aspirin alligram) tablet EC (Enterically er Aspirin EC 1 tab by mouth eview of resident #28's May on orders revealed "Aspirin alligram) tablet EC (Enterically er Aspirin EC 1 tab by mouth eview of resident #28's May on orders revealed "Aspirin alligram) tablet EC (Enterically er Aspirin EC 1 tab by mouth		3. Resident # 14 Clarificat D/C Aspirin (Baby) 81 mg EC (Enteric Coated) for > 1 tab by mouth every day. New Order: Aspirin 81 mg (chewable) 4. Resident # 20 Clarificati D/C Aspirin (Baby) 81 mg Bayer Aspirin EC 1 tab by New order: Aspirin 81 mg (chewable) 5. Resident # 21 Clarificat D/C Aspir-low 81 mg tablet Aspirin EC (Enteric Coated) mouth every day. New Order: Aspirin 81 mg (chewable) 6. Resident # 25 Clarification D/C Aspir-low 81 mg tablet Aspirin EC (Enteric Coated) mouth every day. New Order: ASA 81 mg 1 (chewable) 7. Resident # 26 Clarification D/C Aspirin (Baby) 81 mg (EC (Enteric Coated) mouth every day. New Order: ASA 81 mg 1 (chewable) 8. Resident # 27 Clarification D/C Aspirin (Baby) 81 mg (EC (Enteric Coated) 81 mg (EC 1 tab by mouth every day. New Order: ASA 81 mg 1 (chewable) 9. Resident # 28 Clarification D/C Aspirin (Baby) 81 mg (EC 1 tab by mouth every day) New Order: ASA 81 mg 1 (chewable) 9. Resident # 28 Clarification D/C Aspirin (Baby) 81 mg (EC (Enteric Coated) for> Batab by mouth every day New Order: ASA 81 mg (EC (Enteric Coated) for> Batab by mouth every day New Order: ASA 81 mg (EC (Enteric Coated) for> Batab by mouth every day New Order: ASA 81 mg (EC (Enteric Coated) for> Batab by mouth every day	(milligram) tablet Bayer Aspirin EC 1 1 po q day ion order per NP: tablet EC for > mouth every day. 1 po q day ion order per NP: DR for Bayer take 1 tab by 1 po q day on order per NP: OR for Bayer take 1 tab by po q day ion order per NP: milligram) tablet ayer Aspirin EC 1 po q day ion order per NP: milligram) tablet yer Aspirin EC 1 ion q day ion order per NP: milligram) tablet yer Aspirin EC 1	
	Medical record re	view of Resident #29's May				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
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F 281	81mg tablet DR for Coated) take 1 tale Medical record re 2011, recapitulation (Baby) 81 mg (min Coated) for Bayes every day" Medical record re 2011, recapitulation (Baby) 81 mg (min Coated) for Bayes every day" Medical record re 2011, recapitulation 81 mg tablet DR for Coated) take 1 tale Medical record re 2011, recapitulation 81 mg tablet DR for Coated) take 1 tale Medical record re 2011, recapitulation (Baby) 81 mg (min Coated) for Bayes every day" Medical record re 2011, recapitulation (Baby) 81 mg (min Coated) for Bayes every day"	orage 2 on orders revealed "Aspir-low or Bayer Aspirin EC (Enteric by mouth every day" view of resident #30's May on orders revealed "Aspirin liligram) tablet EC (Enteric er Aspirin EC 1 tab by mouth view of resident #31's May on orders revealed "Aspirin liligram) tablet EC (Enteric er Aspirin EC 1 tab by mouth view of Resident #32's May on orders revealed "Aspir-low or Bayer Aspirin EC (Enteric by mouth every day" view of Resident #33's May on orders revealed "Aspir-low or Bayer Aspirin EC (Enteric by mouth every day" view of resident #34's May on orders revealed "Aspirin ligram) tablet EC (Enteric er Aspirin EC 1 tab by mouth view of resident #36's May on orders revealed "Aspirin ligram) tablet EC (Enteric er Aspirin EC 1 tab by mouth	F 281	D/C Aspirin (Baby) 81	ablet DR for Bayer ated) takes 1 by mouth g 1 po q day arification order per (*) 81 mg (milligram) ed) for > Bayer outh every day ASA 81 mg EC 1 po q arification order per NP: mg (milligram) tablet or > Bayer Aspirin EC 1 y. ASA 81 mg EC 1 po q arification order per NP: ablet DR for Bayer ated) takes 1 tab by apirin 1 po QD affication order per NP: ablet DR for Bayer ated) takes 1 tab by apirin 1 po QD affication order per NP: ablet DR for Bayer ated) takes 1 tab by alification order per NP: ablet DR for Bayer ated) takes 1 tab by ang 1 po daily affication order per NP: mg (milligram) tablet > Bayer Aspirin EC 1 asA 81 mg EC 1 po q affication order per NP: mg (milligram) tablet > Bayer Aspirin EC 1 Bayer Aspirin EC 1 Bayer Aspirin EC 1	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		445205	B. WING _		05/04	/2011
	PROVIDER OR SUPPLIE ATE HEALTH CAR	R RE OF CHATTANOOGA	8	EET ADDRESS, CITY, STATE, ZI 249 STANDIFER GAP ROAD HATTANOOGA, TN 37421		
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F 281	Medical record re 2011, recapitulat (house) 81 mg (r Coated) for> Bay every day" Medical record re 2011, recapitulat (Baby) 81 mg (m Coated) for> Bay every day" Interview on May conference room and the Director pharmacy inputs the monthly recainterview confirm orders were inac residents were to and the original pchewable/house confirmed the nu physician's order 2011, recapitulatIsosorbide Montabs by mouth even Medical record rephysician's orderIsosorbide Montabs by mouth even Interview and reven Medical record rephysician's orderIsosorbide Montabs by mouth even Interview and reven Medical record rephysician's orderIsosorbide Montabs by mouth even Interview and reven Medical record rephysician's orderIsosorbide Montabs by mouth even Interview and reven Medical record rephysician's orderIsosorbide Montabs by mouth even Interview and reven Medical record rephysician's orderIsosorbide Montabs by mouth even Medical record rephysician's orderIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosorbideIsosor	eview of resident #37's May ion orders revealed "Aspirin milligram) tablet EC (Enteric ver Aspirin EC 1 tab by mouth eview of resident #38's May ion orders revealed "Aspirin illigram) tablet EC (Enteric ver Aspirin EC 1 tab by mouth 4, 2011, at 10:00 a.m., in the with the Pharmacist Consultant of Clinical Services revealed the the physician's orders and prints pitulation orders. Continued led the May 2011, recapitulation curate and stated the nineteen or receive enteric coated aspirin, ohysician orders stated aspirin. Continued interview rse's did not check the original s to ensure accuracy of the May ion orders. Eview of resident #17's May ion orders revealed "appirin take 2 very day" Eview of the hospital return is dated April 17, 2011, revealed connitrate 20mg tablettake 1		17. Resident # 37 Clarification orders in the monthly recapitulation and Staff at CHC. Variances will be staff at CHC. Variances will be staff at CHC. Variances will be cond recapitulation on using staff will be staff at CHC. Variances will be conducted and discussed at the Monthl Assurance Meetings. 1. Resident # 17 Clarification order by the NP as follows: D/C Isosorbid Mononitrate 20 mg 2 tabs q daily. New Orders: Isosorbide Mononitrate 20 mg 2 tabs q daily. New Orders: Isosorbide Mononitrate 20 mg 2 tabs q daily. New Orders: Isosorbide Mononitrate 20 mg 2 tabs q daily. New Orders: Isosorbide Mononitrate 20 mg 2 tabs q daily. New Orders: Isosorbide Mononitrate 20 mg 2 tabs q daily. New Orders: Isosorbide Mononitrate 20 mg 2 tabs q daily.	ing (milligram) tablet Bayer Aspirin EC 1 SA 81 mg EC 1 po q fication order per 81 mg (milligram) for > Bayer th q day SA 81 mg EC 1 po q / and her residents on orders // 8/2011. lices on tith the recaps. 1, /////2011. lices on tith the recaps. 1, /////2011. lices on tith the recaps. 2, 2, 2, 3, 4, 2, 4, 4, 4, 5, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8,	

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE S	
		445205	B. WING		05/0	4/2011
Same and the same	ROVIDER OR SUPPLIER ATE HEALTH CARE	OF CHATTANOOGA	824	ET ADDRESS, CITY, STATE, ZIP 9 STANDIFER GAP ROAD ATTANOOGA, TN 37421	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'S	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 312	with Registered Nu resident's room reversident's room reversident the April 17 physician's orders, Mononitrate 20mg 483.25(a)(3) ADL 0 DEPENDENT RESIDENT RE	on May 3, 2011, at 8:10 a.m., arse #4, outside of the vealed the May 2011, rs were inaccurate, did not 2011, hospital return reducing the Isosorbide from two to one tablets daily.	F 281	2. The Director of Clinical Serv Administrator, and Unit Manage with Pharmacy Director, Pharmacy Staff representative, a develop a QI plan to monitor/au resident's monthly recapitulation with the Variances will be corrected and nursing staff will be re-educated counseled. Variances will be rediscussed at the Monthly Quality Meetings. Substantial Compliance	ors will meet teist, and and will dit the a orders, cipate in the staff at CHC. recapitulation and /or ported and y Assurance	
	by: Based on medical and interview, the f	NT is not met as evidenced record review, observation, acility failed to provide #1) of thirty-eight residents		The facility will ensure each resi unable to carry out activities of di receives the necessary services to grooming.	aily living	
	Resident #1 was at January 28, 2011, Palliative Care, Alz Urinary Tract Infect Medical record revidated April 4, 2011 impaired short and required assistance living.	dmitted to the facility on with diagnoses including heimer's Dementia, and		1. Resident #1 nails and toe trimmed and cleaned, and fac by the West Unit I Charge No West Unit Managers supervis	ial hair removed arse under the	

STATEMENT OF DEFICIENCIES AND PLAN OF GORRECTION		(X1) PROVIDER/SUPPLIER/C:LIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
		445205	B. WING		05/0	4/2011
	ROVIDER OR SUPPLIER	OF CHATTANOOGA	82	ET ADDRESS, CITY, STAT 49 STANDIFER GAP RO HATTANOOGA, TN 37	AD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION TO ACTION SHOULD BE TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
	nails had dark det the resident's toe centimeter past the observation reveal long hairs on the resident's room resident's room resident's finger national finger tips, the resident had a on the chin. Contimesident's toe nails resident required a hairs.	evealed the resident's finger bris under the finger tips, and mails were approximately ½ e toe tips. Continued led approximately ten 1 inchesident's chin. Interview on May 4, 2011, at registered Nurse (RN) #2 in the evealed the resident had a sining shift May 3, 2011, and the ails had dark debris under the ident's toe nails were rentimeter past the toe tips and pproximately ten 1 inch hairs nued interview confirmed the ails required cleaning, the required trimming and the assistance to remove the chin	F 312	2. Residents will be moneare for long nails, toe na present and will be cleanneeded. 3. The Director of Clinic /Designee will conduct Ir staff on 5/11/2011, 5/12/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	ills, facial hair ed and trimmed as sal Services and 1-Services for nursing 2011, 5/13/2011, DL's with nail I hygiene. al Services, Unit Nurses will monitor ly during rounds and resident nail Variances will be e re-educated and /or Il be reported and Quality Assurance	
SS=D	Based on the residence assessment, the faresident who enter indwelling catheter resident's clinical ocatheterization was who is incontinent treatment and servinfections and to refunction as possible. This REQUIREME by:	dent's comprehensive acility must ensure that a set the facility without an set is not catheterized unless the condition demonstrates that is necessary; and a resident of bladder receives appropriate vices to prevent urinary tract estore as much normal bladder	F 315	The facility will ensure en incontinent of bladder recurrent and services to infections and to restore a bladder function as possil	ceives appropriate prevent urinary tract as much as normal	

PRINTED: 05/09/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING

		445205	B. WIN	G	_		05/0	4/2011
	ROVIDER OR SUPPLIER ATE HEALTH CARE OF	- CHATTANOOGA		8249 S	TAND	SS, CITY, STATE, ZIP CODE IFER GAP ROAD DOGA, TN 37421		
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	failed to provide apprithree residents (#1, # the assessment to recontinence for one (# reviewed.) The findings included Resident #1 was adm January 28, 2011, with Palliative Care, Alzhe Urinary Tract Infection Medical record review (MDS) dated April 4, had impaired short at incontinent of bowel a assistance with all admedical record review Physical dated March resident was admitted Sepsis from a UTI, cate. Coli)(bacteria four Observation on May 3 resident's bathroom resident's bathroom resident (CNA) #1 at (after urinating and had from sitting on the toil revealed CNA #1 use washed the resident's Resident #2 was admitted 2010, with diagnoses	ey, and interview, the facility opriate perineal care for (2, #5) and failed to complete train a resident to improve (11) of thirty-eight residents (1). It is initted to the facility on the diagnoses including timer's Dementia, and in (UTI). It of the Minimum Data Set (2011, revealed the resident ind long term memory, was and bladder, and required tivities of daily living. It of the hospital History and (23, 2011, revealed the diagnose) to the hospital with early gused by Escherichia Coli and in the bowel). It is continued observation diagnose well well well and to stand aving a bowel movement) et. Continued observation diagnose in the continued observation diagnose described the resident water and the continued observation diagnose in the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued observation diagnose described the resident water and the continued the continued observation diagnose described the resident water and the continued the	F3	1 a N	fter toll	dents # 1, # 2, and # 5 were observe leting by the ADON West Unit r with the Aides performing perinec each resident for correct procedure	al	

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING	CONSTRUCTION		PLETED
		445205	B. WI	1G			5/04/2011
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F 315	25, 2011, revealed short and long terr bowel and bladder all activities of daily Medical record revealed March 17, 2 a UTI. Observation on Maresident's room revealed the reside Continued observation on the lowel movement. The revealed CNA #3 a back, removed the a wet baby wipe at the leg and labia, the wiped downward but the leg and labia, the wiped downward but the leg and labia. Resident #5 was a February 14, 2011. Difficulty Walking, Acute Renal Failur Medical record rev	ignoses of UTI. iew of the MDS dated February I the resident had impaired in memory, was incontinent of i, and required assistance with y living. iew of the laboratory results 011, revealed the resident had ay 2, 2011, at 1:30 p.m., in the wealed CNA #2 and CNA #3 ent with perineal care. Into revealed the resident was der and had a small amount of Continued observation assisted the resident onto the is soiled brief, and CNA #2 took and wiped on each side between then without turning the wipe etween the labia. It, 2011, at 1:40 p.m., with CNA esident's room confirmed CNA side between the leg and labia, ig the wipe wiped downward dmitted to the facility on is with diagnoses including Dementia With Behaviors, and	F	315			
		W					

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	- (X3) DATE S	
		445205	B. WING		05/0	4/2011
	ROVIDER OR SUPPLIER	OF CHATTANOOGA	824	ET ADDRESS, CITY, STATE, ZIP 19 STANDIFER GAP ROAD IATTANOOGA, TN 37421	CODE	
(X4) ID PREFIX TAG	REACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 315	with all activities of incontinent of boy incontinent of boy resident's room reassisted the resident continued observincontinent of blar revealed CNA #3 back, removed the a wet baby wipe at the leg and labia, wiped downward. Review of the factoric procedure revealed soap and water Interview on May Director of Clinicatoric confirmed the was not performed. Resident #11 was January 26, 2011. Myocardial Infarct and Acute Renal. Observation on May revealed resident the room. Continued interview of the time was a bathroom to emptiall the time" was a bathroom to emptiall the time" award.	m memory, required assistance of daily living, and was well and bladder. lay 2, 2011, at 1:30 p.m., in the evealed CNA #2 and CNA #3 lent with perineal care, ration revealed the resident was adder. Continued observation assisted the resident onto the e soiled brief, and CNA #2 took and wiped on each side between then without turning the wipe between the labia. lility's Perineal Care policy and ed "rinse perineal area with " 4, 2011, at 10:05 a.m., with the laber of three resident's perineal care dispropriately to prevent UTI'S. admitted to the facility on with diagnoses including tion, Deep Vein Thrombosis,	F 315			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TATEMENT	RS FOR MEDICARI FOR DEFICIENCIES OF CORRECTION	(X1) PROVID	DERISUPPLIERICULA FICATION NUMBER:	1,000,000	ULTIPLE (LDING	CONSTRUC	TION	(X3) DATE SI COMPLE	JRVEY
			445205	B. Wil	4G			05/0	4/2011
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F 315	Medical record review Collection Form direvealed the resid long-term memory modified independentials.	made it to nent) twice of a wheelchain riew of the reated Januari ent was ale was without lence with of required ones continent	while I was waiting ir." Admission Data ry 26, 2011, and ut problems; had	F	315				
	& B) Training date resident #11 score revealed a score of was a "good cand Review of the form	d January 2 ed "16". Re of 15-21 ind date for ind n revealed a s 3 day B 8	view of the form icated the resident lividualized training". a handwritten note & B assessment" and			Education re-training	at # 11 was assessed by the Coordinator and placed of grogram on 5/6/2011 after the following routine.	m a 3-day	
	of a three day bow Review of the form Training dated Api #11 received a sor from a score of 16 form revealed a so resident was a "ca (timed void)." Review of the facil Independence/Ret	el and blad Potential f il 18, 2011, pre of "8"; a on admissione of 7-14 indidate for ity policy titl raining revi	for Bowel/Bladder revealed resident decline in status ion. Review of the indicated the toileting schedule				with incontinence with Coordinator on		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	COMPLI	UKVEY ETED
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V200-10-10-10-10-10-10-10-10-10-10-10-10-1	ROVIDER OR SUPPLIER	OF CHATTANOOGA	82	EET ADDRESS, CITY, STATE, ZIP 249 STANDIFER GAP ROAD HATTANOOGA, TN 37421	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	COMPLETION DATE
F 315	score of15-21 at for retrainingInfo completing the Inc An observation of determine resident improved bladder to Interview in the con Development Coor 2011, at 10:07 a.m receive a score whassessment; and of	eted. A resident that receives a re considered good candidates ormation will be gathered by continence Data Collection Tool of resident voiding times will so who have potential for	F 315	4. The Director of Clinical Servi will conduct in-services for the regarding, perineal hygiene, and training program. In-services ht 5/11/2011, 5/12/2011, 5/13/2015/15/2011 for all nursing staff. 5. The Director of Clinical Service Managers/and or Charge Nurses we Aides performing perineal hygien week on different shifts for 1 mon weekly for 2 months with the nurs. The Education Coordinator/Design audit 3 clinical records a week for monitor for Incontinence Assessme Re-training Program. Variances we corrected and staff will be re-educated counseled. Variances will be report monthly Quality Assurance Meetin substantial compliance. Substantial Compliance 6/15/201	nursing staff (the re- eld on 1, and s, Unit ell observe e, 5 times a th and then ing staff nee will 3 months to ent and the iill be tted and/or rted at the ig to ensure	
F 332 SS=D	the conference rod a.m., verified resid bladder function for the facility failed to which was a requir 483.25(m)(1) FREI RATES OF 5% OF The facility must er medication error rather than the facility must er medication error rather than the facility must er medication error rather than the facility must er medicate and interview, the facility must error than the facility must error rather than the facility must error th	nsure that it is free of tes of five percent or greater. NT is not met as evidenced record review, observation, acility failed to administer four ations without error resulting in	F 332	The facility will ensure that medication error rates of five greater,		
	The findings includ	ed:				

	OF DEFICIENCIES F CORRECTION		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPL ILDING		TRUCTION	(X3) DATE S COMPL	
			445205	B. Wit	NG	2000		05/0	4/2011
	ROVIDER OR SUPPLIER ATE HEALTH CARE	OF C	:HATTANOOGA		824	9 STAN	RESS, CITY, STATE, ZIP COD DIFER GAP ROAD NOOGA, TN 37421	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUS	INT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREF TAG	1X	(E	PROVIDER'S PLAN OF COR ACH CORRECTIVE ACTION S SS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
F 332	2011, physician's HCL UD take 3 ta twice daily record Hold if pulse <60 Observation on M resident's room re #3 administered of obtaining resident administration. Interview on May the resident's room was not obtained administering the physician ordered Medical record revelophysician's orders "Hydrocod/Aceta tablet two times a Observation on M resident #4's room administer the Hydrocodone/Aceta tablet two times a Observation on M resident #4's room administer the Hydrocodone/Aceta administered as or physician. Medical record revelophysician's or physician's or ph	view of orders of (30 apica "" ay 2, 2 ay 2, 2 ay 1 ay 2, 2 ay	of resident #18's May be revealed "Propranolol or mg) (milligram) by mouth a pulse prior to admin. 2011, at 4:10 p.m., in the degistered Nurse (RN) operanolol 30 mg without apical pulse prior to anolol 30 mg as the degree of the apical pulse ecorded prior to anolol 30 mg as the degree of the apical pulse ecorded prior to anolol 30 mg as the degree of the apical pulse ecorded prior to anolol 30 mg as the degree of the apical pulse ecorded prior to anolol 30 mg as the degree of the apical pulse ecorded prior to anolol 30 mg as the degree of the apical to degree of the apica	F:	332	UD tal twice of pulse a adminin apical 2. Nu Manag perfort to givin correct and/or at the r ensure 3. The will co perfort ordered medica 5/12/20 nursine 4. Resin tablet tal 4pm rev order; New order;	sident # 18 Order for Propranole ke 3 tabs (30mg) (milligrams) by daily, nursing staff will assess a paint record prior to medication istration. (Staff will hold medical pulse is less than 60). In the staff will be observed by the staff will be re-educated counseled. Variances will be remonthly Quality Assurance Mee substantial compliance. In the staff will be re-educated to unseled. Variances will be remonthly Quality Assurance Mee substantial compliance. In Director of Clinical Services/Director of Clinica	y mouth pical ation if the Unit alle eed prior be d eported eting to designee g staff ed and ration of 72011, for all	

1	IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	COMPLI	ETED
	445205	B. WING			4/2011
OVIDER OR SUPPLIER	DF CHATTANOOGA	8249	STANDIFER GAP ROAD	CODE	
(FACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
Continued From paresident #21's room Nurse (LPN) #1 adreshewable to resider interview on May 3, nallway near reside #1 administered on tablet and the physical record review on the physician's orders of Mononitrate 20 mg every day" Observation on May 3, resident #17's room one Isosorbide Mononitrate 20 mg every day"	ge 12 y 3, 2011, at 7:35 a.m., in a revealed Licensed Practical ministered one Aspirin 81mg at #21. 2011, at 7:55 a.m., in the nt #21's room confirmed LPN e chewable Aspirin 81mg ician's order stated to eric Coated Aspirin 81 mg. ew of resident #17's May revealed "Isosorbide tablettake 2 tabs by mouth by 3, 2011, at 8:00 a.m., in a revealed RN #4 administered monitrate 20 mg tablet to 1, 2011, at 8:10 a.m., with RN ent #17's room confirmed one rate 20 mg tablet was ident #17, and the May 2011, stated to administer two	F 332	5. Resident #21 Clarification D/C Aspir-low 81 mg tablet Aspirin EC (Enteric Coated) mouth every day. New order: Start Aspirin 81 chewable, 6. Resident #17 Clarification Start Aspirin 82 chewable, 6. Resident #17 Clarification Start Aspirin 82 chewable, 6. Resident #17 Clarification Start Aspirin 81 chewable, 7. The Director of Clinical Service Start Aspirin 81 chewable, 7. The Director of Clinical Service	on order per NP: DR for Bayer take I tab by mg po QD orders provided it isosorbide ly. nitrate 20 mg rices/Designee nursing staff s, In-services //13/2011, and //ices, ers will meet acist, and nd will dit the n orders, icipate in the	
T CONSTITUTE NONE COOR LIMITED	summary star (EACH DEFICIENCY REGULATORY OR LS continued From pa beservation on May esident #21's room lurse (LPN) #1 adr hewable to resider therview on May 3, allway near reside administered on ablet and the physi dminister one Ente Medical record revi- thysician's orders r Mononitrate 20 mg every day" Observation on Ma esident #17's room the loosorbide Mononit administered to reside sosorbide Mononit dministered to reside sosorbide Mononit sorbician's orders s	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 Observation on May 3, 2011, at 7:35 a.m., in esident #21's room revealed Licensed Practical Jurse (LPN) #1 administered one Aspirin 81mg hewable to resident #21. Interview on May 3, 2011, at 7:55 a.m., in the allway near resident #21's room confirmed LPN administered one chewable Aspirin 81mg ablet and the physician's order stated to dminister one Enteric Coated Aspirin 81 mg. Medical record review of resident #17's May shysician's orders revealed "Isosorbide Mononitrate 20 mg tablettake 2 tabs by mouth every day" Observation on May 3, 2011, at 8:00 a.m., in esident #17's room revealed RN #4 administered one Isosorbide Mononitrate 20 mg tablet to	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 Deservation on May 3, 2011, at 7:35 a.m., in esident #21's room revealed Licensed Practical lurse (LPN) #1 administered one Aspirin 81mg hewable to resident #21. Interview on May 3, 2011, at 7:55 a.m., in the allway near resident #21's room confirmed LPN administered one chewable Aspirin 81mg ablet and the physician's order stated to drinister one Enteric Coated Aspirin 81 mg. Medical record review of resident #17's May thysician's orders revealed "Isosorbide Mononitrate 20 mg tablettake 2 tabs by mouth every day" Deservation on May 3, 2011, at 8:00 a.m., in esident #17's room revealed RN #4 administered one Isosorbide Mononitrate 20 mg tablet to esident #17. Interview on May 3, 2011, at 8:10 a.m., with RN exident #17 resident #17, and the May 2011, thysician's orders stated to administer two	THE HEALTH CARE OF CHATTANOOGA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 S. Resident #21 Clarification by the Name of the page of t	THE HEALTH CARE OF CHATTANOGA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) Continued From page 12 Continued From page 14 Continued From page 15 Continued From page 16 Continued From page 17 Continued From page 18 Continued From page 19 Con